

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 599356

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		6				
6		6				
7		8				
8		6				
9		0				
10		6				
11		6				
12		8				
13		6				
14		6				
15		6				
16		0				
17		0				
18		0				
19	1		1			
20						
21	1			1		
22						
23			1			
24						
25	1		1			
26		1				
27		1				
28		1				
29		4				
30						
31						
32						
33						
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46						
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48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	30	←	25	←		←
TOTAL CLAIMS	34		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						